

IMPORTANT — Before signing claim, read instructions below and complete both sides.

State of Rhode Island and Providence Plantations

DEPARTMENT OF ADMINISTRATION — DIVISION OF TAXATION

ONE CAPITOL HILL, PROVIDENCE, RHODE ISLAND 02908-5800

CLAIM FOR REFUND OF MOTOR FUEL TAX

Instructions

1. All claims must be typewritten or written in ink.
2. All claims must be made within 240 days from the date of purchase of the fuels.
3. Records necessary to substantiate the purchase and gallons used on which claim is based must be kept by claimants.
4. All invoices must show purchasers name, suppliers name, and date.
5. Any refund claim found to contain any misstatement as to any material fact will be disallowed in its entirety.
6. All claims will be carefully investigated.
7. All claims must be accompanied by Paid Invoices or original sales receipts showing separately the Sate tax paid.
(Invoices must be receipted by vendor.)
8. If there is evidence of erasures or changes in invoices or sales receipts the claim will be disallowed in its entirety.

FEDERAL I.D. # _____ SS # _____

Print name and address plainly above

	Mailing address	City	State	Zip
Item 1.	Kind of Fuel purchased on which this claim is based.....			
Item 2.	Total number of gallons purchased as per attached original invoices on which no prior claim has been filed			gallons
Item 3.	Number of gallons purchased upon which no refund is claimed			gallons
Item 4.	Number of gallons used upon which claimant has paid the R.I. Motor Fuel Tax and upon which refund is claimed			gallons
Item 5.	Total amount of refund claimed. Multiply item 4 by applicable rate per gallon\$ _____			
Item 6.	Fuel upon which refund is claimed was used for the following purpose:			

Certification

I, the undersigned, hereby declare, under the penalties of perjury, that this claim has been examined by me and that it is an original claim and that no prior claim for refund has been made in respect to these purchases and that the statements herein contained are true, correct, and complete to the best of my knowledge and belief.

Date 19.....

Signature

Any claimant making a false statement or furnishing information which is false and made with intent to secure a refund to which he is not entitled shall forfeit his right to any refund then or thereafter payable.

IF THIS CERTIFICATION IS NOT USED, THIS CLAIM MUST BE SWORN TO BEFORE A NOTARY PUBLIC

For Office Use Only

Approved for:

Date gallons @ _____ ¢ = \$ _____

Invoices:

Gallons gallons @ _____ ¢ = \$ _____

Dates gallons @ _____ ¢ = \$ _____

Checked by Totals \$ _____

PENALTY

**Any distributor, purchaser, owner or person who shall violate any provision of this chapter shall be punished by a fine not exceeding \$500.00 or by imprisonment not exceeding one year, or both such fine and imprisonment. (Section 31-36-19 of the General laws.)

**SUMMARY OF USE OF FUEL ON WHICH REFUND IS CLAIMED
TOTAL SHOULD AGREE WITH "ITEM 4" ON FACE OF CLAIM**

CHECK THE OCCUPATION IN WHICH THE FUEL WAS USED ON WHICH REFUND OF TAX IS CLAIMED

FARMER ☐ FISHERMAN ☐ LUMBERMAN ☐ MANUFACTURER ☐ GOVERNMENT ☐
WELL DRILLER ☐ MARINE ☐ AVIATION ☐ RAILROAD ☐

THE FUEL WAS USED AS FOLLOWS: (For each item of equipment used give the following information in the proper section or sections.)

FARMERS AND LUMBERMEN USE

	Make and type of equipment, engine, or vehicle	No. of Cylinders	Engine number	Type of fuel	Kind of work	No. of hours used	Gallons used
1. FUELS USED IN Tractors							
2. STATIONARY ENGINES							
3. MOTOR VEHICLES not registered for use on, nor used on the public highways							

MANUFACTURERS USE

4. MANUFACTURERS using Diesel Fuel for manufacture of power							

U.S. GOVERNMENT, RAILROAD OR OTHER USE

5. U.S. Government, Railroad and other use	Explain Use in Detail

BOAT AND MARINE USE

	Name of Boat and License No.
6. BOATS used by LICENSED or COMMERCIAL FISHERMEN or other MARINE use	

AVIATION USE

	Identify Plane by License No. and Name	Make of Plane	Number of Engines	Operating Base
7. AVIATION USE				

TOTAL GALLONS USED. (Add items listed 1 through 7.).....

Date 19.....

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Name of applicant (please print)

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Address